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CONFIRMATION NO. 3426

		FILING OR 371(c)							
SERIAL NUMB	£R	DATE '				ROUP ART UNIT		ATTORNEY DOCKET NO.	
10/700,040		RULE	007			3766		NO.	
APPLICANTS Birinder R. Boveja, Milwaukee, WI;									
* CONTINUING DATA *********YHL									
* FOREIGN APPLICATIONS ************************************									
F REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **									
Foreign Priority claimed yes no yes no Met after Allowance yerified and Acknowledged Examiner's Signature Initials				STATE OR COUNTRY WI	SHEETS DRAWING 42		CLA	TAL AIMS 30	INDEPENDENT CLAIMS 5
ADDRESS 13987									
TITLE Method and apparatus for electrical stimulation therapy for at least one of atrial fibrillation, congestive heart failure, inappropriate sinus tachycardia, and refractory hypertension									
				All Fees					
					1.16 Fees (Filing)				
FILING FEE RECEIVED 561	FEES: Authority has been given in Paper No to charge/credit DEPOSIT AC No for following:			ACCOUNT		☐ 1.17 Fees (Processing Ext. of time)			
						1.18 Fees (Issue)			
					Other				
					☐ Credit				